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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Angola

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Angola with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $5,500,000 from general resources, subject to the availability of funds, and $30,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 1998.

* E/ICEF/1996/18.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	5.3
U5MR (per 1,000 live births)	292
IMR (per 1,000 live births)	170
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1990)	1,500
Literacy (% male/female) (1990)	56/29
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%) (1990)	34
Access to safe water (%)	32
Access to health services (%) (1980)	30
GNP per capita	a/
One-year-olds fully immunized against:	
tuberculosis:	48 per cent
diphtheria/pertussis/tetanus:	27 per cent
measles:	44 per cent
poliomyelitis:	28 per cent
Pregnant women immunized against:	
tetanus:	18 per cent

a/ Estimated to be lower-middle-income ($726-$2,895).

THE SITUATION OF CHILDREN AND WOMEN

1. Angola is emerging cautiously but progressively from a complex structural emergency. Potentially wealthy and self-sufficient, the country remains in social and economic crisis following 30 years of conflict. The 1994 Lusaka Peace Protocol ended the open conflict, and both the Government and the Uniao Nacional para a Independencia Total de Angola (National Union for the Total Independence of Angola) have pledged their commitment to peace and stability. However, much needs to be done to revitalize national unity and reconciliation. An estimated 45 per cent of the urban population live in poverty, while the rapid pace of displacement and urbanization (about 60 per cent) has placed an enormous burden on basic services.

2. Mortality indicators are among the world's highest. Direct causes of child mortality and morbidity are malaria, diarrhoea, acute respiratory infections (ARI), measles and other vaccine-preventable diseases. These are exacerbated by poor nutrition, lack of access to basic health services, recurrent epidemics and extremely poor domestic hygiene and sanitation. The majority of babies are born at home, in the absence of trained birth attendants and without the benefit of basic referral facilities should they be needed, resulting in an extremely high maternal mortality rate. HIV/AIDS prevalence is reportedly low, but enhanced freedom of movement and unsafe sexual practices among high-risk groups will increase transmission.

3. The coverage and quality of Government social services have deteriorated, with access and utilization rates declining steadily. Food production has fallen by more than 50 per cent since 1993 and malnutrition rates have reached 55 per cent in former besieged cities. Cuts in the education budget have resulted in overcrowded classrooms, poorly trained teachers, and high repeater and drop-out rates, particularly among girls. The emergence of thousands of street children and young girls forced into prostitution for economic reasons reflects the breakdown of family and community networks. Angola ratified the Convention on the Rights of the Child in 1991, but many basic policy issues related to child rights remain ill-defined.

PROGRAMME COOPERATION, 1991-1996

4. The 1991-1995 country programme was formulated upon the critical assumption of projected peace and development. However, with renewed hostilities in 1992, most planned activities had to be suspended and the country programme adapted towards the emergency. A "bridging" programme for 1996 was subsequently approved, both to sustain the gains of the adaptive period and to begin to address the transition from emergency to rehabilitation.

5. Sectorally, UNICEF assisted national health workers to implement a successful measles-plus strategy, combining immunization with the distribution of vitamin A and oral rehydration salts. Water and sanitation services were provided for over 1 million persons in targeted peri-urban areas and internally displaced person (IDP) camps. In 1996, the Government introduced legislation on salt iodization, and iodization equipment was provided by UNICEF.

6. Under United Nations Department of Humanitarian Affairs (DHA) coordination, and in collaboration with other agencies, the emergency programme provided the basic needs for shelter, relief, survival and seeds/tools for more than 1.5 million IDPs and other vulnerable groups, including children in especially difficult circumstances (CEDC). The information and social communications programme developed community theatre and local language radio programmes to disseminate country-wide messages on child rights and mine-awareness and avoidance. Monitoring and evaluation activities focused on the development and use of early warning systems and broader databases on children and women, especially incorporating poverty indicators.

Lessons learned

7. Lessons learned have included the need for: (a) an appropriate and flexible mix between emergency, rehabilitation and development programme components that are responsive to emerging needs in newly accessible locations; (b) advocacy for greater national budget allocations to the social sector; (c) selective targeting and focus on child goals that are locally applicable and feasible; (d) careful balancing between service delivery and capacity-building, with a phased transition towards the latter; (e) greater community empowerment through involvement in project development and implementation; (f) a strong subnational UNICEF presence for quicker programme implementation and response; (g) stronger monitoring, evaluation and supervisory mechanisms to more rapidly assess prevailing programme and operations performance; (h) coordinated inter-agency logistical operations; and (I) greater emphasis on building local programme ownership and sustainability.

RECOMMENDED PROGRAMME COOPERATION, 1997-1998

Estimated annual expenditure

(In thousands of United States dollars)

	1997	1998	Total
General resources			
Emergency rehabilitation and field services	320	320	640
Social planning, research and evaluation	180	180	360
Advocacy, communication and social mobilization	200	200	400
Child survival, nutrition and safe motherhood	600	600	1 200
Water, sanitation and hygiene	200	200	400
Primary education	300	300	600
Child protection	170	170	340
Programme support	780	780	1 560
Subtotal	2 750	2 750	5 500
Supplementary funding			
Emergency rehabilitation and field services	4 040	4 040	8 080
Social planning, research and evaluation	500	500	1 000
Advocacy, communication and social mobilization	500	500	1 000
Child survival, nutrition and safe motherhood	3 410	3 410	6 820
Water, sanitation and hygiene	3 360	3 360	6 720
Primary education	920	920	1 840
Child protection	920	920	1 840
Programme support	1 350	1 350	2 700
Subtotal	15 000	15 000	30 000
Total	17 750	17 750	35 500

Programme preparation process

8. The proposed two-year "bridging" programme will support the consolidation of the peace process and initiation of the Government's community rehabilitation programme. It will support sectorally-based national goals for children, jointly developed and agreed between UNICEF and the Government, and stimulate the development of a national programme of action for children. The Government, locally represented Executive Board members, donors and non-governmental organizations (NGOs) have participated in review and strategy sessions held during the programme preparation process.

Objectives and strategy

9. The following cross-cutting objectives will be pursued: (a) to focus attention on the basic survival and development needs of children; (b) to reduce mortality, morbidity and malnutrition; (c) to promote the rights of Angolan children and women; (d) to promote enhanced gender-awareness/equity in programme planning and implementation; and (e) to attain greater cost-effectiveness.

10. The programme has four main strategic elements: (a) support to service delivery, focusing on rehabilitation and expansion of essential social services for children; (b) national capacity-building through strengthening policy development and supervisory skills; and (c) advocacy, empowerment and social mobilization for behavioural change.

Emergency rehabilitation and field services

11. The programme will strengthen the capacity of the Ministerio de Assistencia e Reinsercao Social (MINARS) (Ministry of Social Affairs and Reintegration) to meet the basic service needs of up to 100,000 families of IDPs and demobilizing soldiers, support the extension of a rapid response capacity in at least eight provinces, and coordinate and monitor implementation of subnational components of sectoral programmes. UNICEF will provide equipment and supplies for the rehabilitation of basic social services and develop child-related components within plans for the reintegration of child soldiers.

Social planning, research and evaluation

12. The programme will build capacity for social policy analysis and planning for the transition period and support national development planning for children. Major areas of emphasis include advocacy and training for the revitalization of sectoral and demographic information systems, tracking the impact of economic reform on vulnerable groups, and the collation and dissemination of appropriate publications through the knowledge centre on Angolan children and women to be established.

Advocacy, communication and social mobilization

13. This programme aims to increase public awareness and understanding of the changing situation of children and women; stimulate needed behavioural change among target populations; and mobilize government, UNITA and other media outlets for concerted action to achieve programme objectives. Progress reports on the implementation of the Convention will be disseminated locally for public monitoring. Communications support will be given to HIV/AIDS control and prevention, in full collaboration with the Joint United Nations Programme on HIV/AIDS. Mine-awareness materials and training manuals will be reproduced and distributed to collaborating partners in target provinces.

Child survival, nutrition and safe motherhood

14. This programme will strive to deliver an integrated package of basic maternal and child health (MCH) services, promote adequate nutrition and raise measles immunization coverage to 85 per cent in urban areas and 50 per cent in accessible rural areas. The programme will also increase the use rate of oral rehydration therapy to 80 per cent and reduce the incidence of micronutrient deficiency disorders, ARI, diarrhoeal diseases and malaria. These objectives will be achieved by extending the measles-plus campaign and other MCH services to newly-accessible areas, re-equipping basic health infrastructure in strategic locations, building national capacity and advocating for a multisectoral approach to nutrition. The nutrition strategy will promote improved young child care, especially exclusive breast-feeding and appropriate weaning practices. Other strategies include the training of community health workers, the introduction of impregnated mosquito bed-nets and vitamin A supplementation.

Water, sanitation and hygiene

15. This programme will closely complement child survival and nutrition activities, particularly in relation to the control of diarrhoeal diseases. As the World Bank will be providing most of the support needed for urban water supply development, UNICEF will focus on support to rural and peri-urban areas. The programme will strengthen the planning, implementation and monitoring capabilities of collaborating national water agencies, improve access to safe water and sanitation services by 10 and 20 per cent, respectively, and strive to reduce the time spent by girls in collecting water. Through active community involvement, the supply of spare parts and training in pump maintenance, the programme will ensure that 80 per cent of installed hand-pumps are operational at any given time.

Primary education

16. Moving away from a supply orientation, the programme will strive to increase both the primary school enrolment rate and fourth grade completion rate by at least 10 per cent, paying special attention to girls' education; improve the quality of education; promote peace education in primary schools, including mine awareness; and stimulate greater community participation in basic education. The programme will also promote the creation of parent and community support groups to stimulate learning achievement and support the in-service training of teachers.

Child protection

17. This programme will support the Directorate for Children of MINARS and the National Institute for Children to focus on the special needs of children in especially difficult circumstances, particularly child soldiers and the war-traumatized, and help to accelerate the reintegration of separated and orphaned children through family tracing and reunification. The programme will support the development, implementation and coordination of national CEDC policy guidelines for relevant sectoral programmes and advocate for appropriate amendments of national legislation on special measures for child protection, including psycho-social trauma care.

Programme monitoring and evaluation

18. Regular field visits and comprehensive quarterly project reviews with the Government will be organized. A full-scale review in the last quarter of 1997, using the results of a second-round multiple indicator cluster survey, will assess attainability of sectoral objectives and provide the necessary data to support preparations for the next country programme. An integrated monitoring and evaluation plan, which incorporates a range of indicators used to measure the progress of programme implementation, will outline a research, survey and evaluation agenda.

Partnerships

19. General resources will be allocated to meet the costs of the most essential activities needed to ensure the progressive capacity-building of partners, as well as to cover programme planning and support costs. Supplementary funding will help to expand such capacity-building activities and meet service delivery objectives. Based on commitments from several donors, and positive indications from new sources of funds, adequate supplementary funding

is anticipated for the major sectors. Advocacy for the Government of Angola to commit its own share of the 20/20 initiative will be pursued as a major strategy in attracting external donor assistance.

Programme management

20. The Ministry of Planning will be the national coordinating body for the programme. Line ministries will assume responsibility for policy issues and technical oversight of implementation. The UNICEF Angola office has developed a programme management plan to maximize output and cost-effectiveness and to support continuity of programme implementation and rapid response should further disruptions occur.

21. UNICEF lent significant policy and programme support to DHA between 1993 and 1996. As DHA phases out by end-1996, the Government will assume the critical role of development coordinator. UNICEF will continue to collaborate with the World Health Organization in health sector reform and health programmes; with the United Nations Development Programme in the development of the country strategy note; and with the Office of the United Nations High Commissioner for Refugees in programme development in Moxico Province. Collaboration with the World Bank will be strengthened in support of health, education and poverty alleviation activities. UNICEF will continue to work closely with national and international NGOs.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : ANGOLA
PROGRAMME : 1997-1998

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
CHILD SURV., MAT.& SAFE MOTHERHOOD	1,200			1,200	0	0	0	0	0	0	0	1	0	1	0.0	83.3	83.3
WATER, SANITATION AND HYGIENE	400			400	0	0	0	0	0	0	0	1	1	2	0.0	125.0	125.0
ADV., COMMUN. & SOCIAL MOBIL.	400			400	0	0	0	0	0	0	0	1	0	1	0.0	83.3	83.3
PROGRAMME SUPPORT	1,560			1,560	0	0	0	0	1	2	3	0	14	17	774.8	588.0	1,362.8
PRIMARY EDUCATION	600			600	0	0	0	0	1	0	1	1	1	3	281.7	125.0	406.7
CHILD PROTECTION	340			340	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
SOCIAL PLANNING, RESEARCH & EVAL.	360			360	0	0	0	0	1	0	1	0	1	2	281.7	55.9	337.6
EMERG. REHAB. & FIELD SERVICES	640			640	0	0	0	1	0	0	1	0	1	2	311.8	41.7	353.5
TOTAL GR	5,500			5,500	0	0	0	1	3	2	6	4	18	28	1,650.0	1,102.2	2,752.2
SUPPLEMENTARY FUNDING :																	
CHILD SURV., MAT.& SAFE MOTHERHOOD		0	6,820	6,820	0	0	0	1	4	1	6	4	3	13	1,685.0	481.3	2,166.3
WATER, SANITATION AND HYGIENE		0	6,720	6,720	0	0	0	2	0	0	2	3	2	7	703.5	379.5	1,083.0
ADV., COMMUN. & SOCIAL MOBIL.		0	1,000	1,000	0	0	0	0	0	0	0	2	0	2	0.0	166.6	166.6
PROGRAMME SUPPORT		0	2,700	2,700	0	0	0	0	1	1	2	2	15	19	528.2	772.8	1,301.0
PRIMARY EDUCATION		0	1,840	1,840	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
CHILD PROTECTION		0	1,840	1,840	0	0	0	0	1	0	1	1	1	3	281.7	125.0	406.7
SOCIAL PLANNING, RESEARCH & EVAL.		0	1,000	1,000	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
EMERG. REHAB. & FIELD SERVICES		0	8,080	8,080	0	0	0	0	4	0	4	4	20	28	1,206.6	1,209.5	2,416.1
TOTAL SF		0	30,000	30,000	0	0	0	3	10	2	15	16	41	72	4,405.0	3,134.7	7,539.7
TOTAL GR & SF	5,500	0	30,000	35,500	0	0	0	4	13	4	21	20	59	100	6,055.0	4,236.9	10,291.9
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			1,419.8													
	Staffing				0	1	1	2	0	0	4	1	10	15	1,306.3	596.4	1,902.7
GRAND TOTAL (GR+SF+ADM)					0	1	1	6	13	4	25	21	69	115	7,361.3	4,833.3	12,196.6
	Number of posts and staff costs:																
	Current programme cycle										31	8	53	92			
	At the end of proposed programme cycle (indicative only)										25	21	69	115	7,361.3	4,833.3	12,196.6

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.

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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Somalia

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Somalia with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $5,000,000 from general resources, subject to the availability of funds, and $35,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 1998.

* E/ICEF/1996/18.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

/...

BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	4.5
U5MR (per 1,000 live births)	211
IMR (per 1,000 live births)	125
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1990)	1,600
Literacy (% male/female) (1990)	36/14
Primary school enrolment (% net, male/female) (1985)	11/6
Primary school children reaching grade 5 (%)	..
Access to safe water (%) (1988)	37
Access to health services (%) (1983)	27
GNP per capita	a/

One-year-olds fully immunized against (1995):

tuberculosis:	48 per cent
diphtheria/pertussis/tetanus:	23 per cent
measles:	35 per cent
poliomyelitis:	23 per cent

Pregnant women immunized against:

tetanus:	.. per cent

a/ Estimated to be low-income ($725 or less).

THE SITUATION OF CHILDREN AND WOMEN

1. Despite the international investment of billions of dollars in the peace-making effort, the children and women of Somalia continue to live in an environment of poverty and violence. Since the civil war, Somalia has been highly fragmented along clan and sub-clan lines, chronically afflicted with localized crises of governance and lawlessness. Children's basic rights to health, education and harmonious development are essentially denied.

2. Although the lack of security and infrastructure has prevented the collection of reliable nationwide statistics, it is clear from current estimates that infant, child and maternal mortality rates are among the highest in the world. Prior to the recent civil war, access to and the quality of basic social services in Somalia were generally poor and the civil war destroyed what services there had been. During the past four years, however, international agencies, including UNICEF, have established health, nutrition, water supply and educational services. In Mogadishu, for example, the level of immunization against measles was raised to over 75 per cent by the end of 1995; and the case fatality rate from cholera, which is annually epidemic, has been halved from 1994 to 1995. More primary school teachers received training in 1995 than in

1990, the year prior to the civil war. Yet, with the continuing widespread, uncontrolled lawlessness and banditry, these gains remain fragile and continue to require external support and maintenance. The civil war led not only to the demise of the former Government and its limited social service structures, but also seriously weakened the traditional clan-based social structures so important to the socio-economic security of individuals and families.

3. Anaemia, diarrhoea, respiratory infections and malaria are the leading causes of child morbidity and mortality. In women's health, poor maternal and post-natal care and the almost total lack of referral care, compounded by the almost universal practice of female genital mutilation, result in an extremely high maternal mortality rate of 1,600 per 100,000 live births.

4. The lack of access to safe water for most families contributes to a high incidence of diarrhoeal diseases. In addition, access to safe water will be essential to prevent cholera, which is an annual emergency that claims hundreds of lives, particularly in the densely populated areas. Transporting water for the family costs girls and women much time and energy.

5. The collapse of the education system has left at least 90 per cent of children without access to basic education for the past five years. Koranic schools survived the war, and are generally attended by children from four to six years of age. However, access to primary schooling is very low, and the drop-out rate is much higher for girls than boys.

PROGRAMME COOPERATION, 1994-1996

6. Because the situation in Somalia in 1994 did not allow for the development of a long-term country programme, there was a two-year "bridging" programme covering 1994-1995, followed by a one-year "bridging" programme for 1996.

7. In the health sector, UNICEF has provided substantial support for the operation of 134 maternal and child health (MCH) centres, 81 out-patient departments, 478 health posts and 21 hospitals. During 1995 and early 1996, more than 250,000 children were vaccinated against measles. In the North-East Zone, a 1995 survey on female genital mutilation revealed that virtually all girls endure this practice, and provided valuable information as to those involved in perpetuating the practice.

8. Vitamin A supplementation was relatively widespread, carried out through all health units and feeding centres, and through the immunization programme. UNICEF assisted in nutritional monitoring assessments out in all zones. Through supplementary feeding centres, UNICEF distributed 1,456 ton of "Super UNIMIX", and substantial quantities of milk, sugar and high-energy biscuits during 1995. UNICEF-run feeding centres provided a daily meal to a monthly average of 15,800 undernourished children and pregnant and lactating women. In late 1995, the nutrition programme was reviewed, resulting in clearer guidelines as to when a given feeding centre could be phased in or out.

9. Most of the water systems, pumps and other equipment in Somalia were destroyed, severely damaged or looted during the civil war. In 1995/1996, UNICEF rehabilitated or constructed 111 sources of safe water and trained

1,153 village water and environmental sanitation (WES) committee members to maintain the sources. A total of 263 latrines were constructed and appropriate sanitation equipment provided. UNICEF responds rapidly to the annual cholera epidemics by supporting a nationwide campaign of water chlorination in densely populated areas. In conjunction with the World Health Organization (WHO), improved case management has been stressed.

10. In 1995, UNICEF provided basic educational material to more than 233 primary and 385 Koranic schools, and trained 775 primary and 285 Koranic teachers. Some 1,200 education kits were issued, and in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), 105,000 textbooks for grades I-IV were printed and distributed. However, an evaluation of the programme in December 1995 revealed that only a small proportion of school-aged children had access to primary education, that the quality of teaching was poor and that the curriculum was inadequate.

11. Joint planning and coordination activities with other United Nations agencies, non-governmental organization (NGO) partners and donors were a hallmark of the UNICEF programme. UNICEF shared the results of its evaluations of health, nutrition and education programmes; inter-agency sectoral committees were established to address problems and identify weaknesses; and inter-agency training review groups were formed. The United Nations Coordination Team (UNCT) meets to discuss common activities, operations and security measures. In 1996, United Nations agencies initiated a joint planning process. UNICEF played a key role in this process, which may form the basis of a new inter-agency appeal.

Lessons learned

12. Given the chronic and sporadic nature of the civil conflict in Somalia, UNICEF has learned to design activities that can be implemented in a short-duration, "modular" manner, i.e., if interrupted, they can be completed later. Another lesson in modular programming relates to uncertain donor commitments. UNICEF has designed core programme activities in health, nutrition, WES and education and a core administrative structure and staffing. As new project funds become available, the additional modules of staffing and project activities can be made operational.

13. From the annual outbreaks of cholera, UNICEF has learned the importance of strengthening the community mobilization and education aspect of WES programming to change people's understanding of hygiene and related behaviours. UNICEF and WHO foresee the need to implement an intersectoral cholera prevention programme six months in advance of the cholera season.

14. A May 1995 evaluation of primary health care (PHC) services revealed that utilization of PHC health facilities was generally low because of the poor quality of health staff, and women did not understand or value the services provided. Thus, health worker training must be improved and women's knowledge of the benefits of attending MCH centres increased. More emphasis must be placed on building communities' commitment to manage and co-finance their own PHC services and on public health education and advocacy at local levels.

15. The education curriculum and system need to be analysed to determine how best to support them. Strengthening human resources and rebuilding the education system, rather than physical structures, should be priorities. It is

important for UNICEF to understand what constitutes effective education in this unique situation, with its strong system of Koranic schools. Emerging experience with assisting decentralized systems can guide future assistance for strengthening the capacities of nascent regional, district and local systems.

16. UNICEF field staff need sensitization and training in gender issues to enable them to take appropriate actions more effectively within the scope of UNICEF projects. Local field research is needed on key issues such as female genital mutilation, maternal mortality and the gender division of labour. Assessment and analysis are needed to define appropriate actions to help women heads of households. The potentials of fledgling women's groups need to be explored.

RECOMMENDED PROGRAMME COOPERATION, 1997-1998

Estimated annual expenditure

(In thousands of United States dollars)

	1997	1998	Total
General resources			
Health	500	500	1 000
Nutrition	150	150	300
Water and environmental sanitation	350	350	700
Education	220	220	440
Planning and coordination	621	621	1 242
Relief	-	-	-
Programme support	659	659	1 318
Subtotal	2 500	2 500	5 000
Supplementary funding			
Health	5 633	5 633	11 266
Nutrition	1 600	1 600	3 200
Water and environmental sanitation	3 100	3 100	6 200
Education	1 537	1 537	3 074
Planning and coordination	1 300	1 300	2 600
Relief	745	745	1 490
Programme support	3 585	3 385	7 170
Subtotal	17 500	17 500	35 000
Total	20 000	20 000	40 000

Objectives and strategies

17. The programming challenge will be to improve the quality and coverage of essential, life-saving services and increase educational opportunities. Greater emphasis and more resources will be invested in building the capacity of health workers, teachers, water technicians, etc., to manage basic services for their

own communities. The UNICEF strategy of the modular approach to programming will continue to be supported by a decentralized administrative structure to ensure country-wide coverage. Each of the four offices in Somalia will manage four main sectoral programmes (health, nutrition, WES and education). A planning and coordination programme will facilitate key cross-cutting issues to be addressed in the sector programmes of monitoring, programme communication, women and children in especially difficult circumstances. Flexibility for operating in the event of extreme emergencies (population displacement, drought, floods, epidemics) is afforded by the relief programme. Finally, the elements of programme support are included as a separate programme.

Health

18. This programme will aim to establish sustainable essential services, promote positive behaviour change, and monitor children's and women's health. It will strengthen the capacity of health workers and communities to manage and co-finance their basic health units. Positive behaviour change, with an increased emphasis on the prevention of AIDS and other sexually transmitted diseases, women's health issues and child care practices will be promoted through women's and youth groups and schools. The establishment of community-based information systems will also be supported.

Nutrition

19. This programme will gradually move away from supplementary feeding towards more community-based activities to improve child care and feeding practices. In areas chronically afflicted with drought, flood or civil conflict, measures will continue to be taken when necessary to improve household food security. The control of anaemia and of vitamin A and iron deficiencies in women and children will continue to be addressed and supported. The current assessment of salt sources and iodization will be completed and appropriate actions taken towards achieving the goal of universal salt iodization.

Water and environmental sanitation

20. UNICEF will continue to invest in community-based water systems, making water the entry point for dialogue with the community in establishing agreements and responsibilities for intersectoral programme implementation. More attention will be paid to community management of water systems and to promoting behaviour in relation to water that is conducive to good health. There will also be increased multisectoral activities in cholera prevention.

Education

21. In cooperation with UNESCO, this programme will focus on the interaction between the teacher and community to improve the quality of existing schools. UNICEF will focus on several interrelated areas of action, to identify and assist emerging decentralized education systems so as to expand schooling provision. Teacher training will support capacity-building and strengthening human resources in a sustainable manner, and the curriculum will be revised. Essential learning materials will continue to be distributed. A common system for routine educational monitoring will be developed and implemented.

Planning and coordination

22. This programme will consist of four cross-cutting projects - monitoring, women and gender, programme communication and children in especially difficult circumstances - which are designed to improve the four sectoral programmes by providing professional advice and guidance. Monitoring instruments and software will be developed to improve project monitoring, and the UNICEF multi-indicator survey (MIS) will be organized in as many zones as possible each year. Radio programmes will be designed which broadcast appropriate messages, in an integrated manner, related to all the sectoral programme objectives. The organization of public events will also be supported. The problems of street children, institutionalized children and disabled children will be addressed. The strategy will be to ensure that such children have access to the mainstream social services provided under the four sectoral programmes.

Relief

23. This is an essential contingency component of the UNICEF modular approach. In the event of a serious "loud" emergency, UNICEF will prepare proposal(s) for emergency assistance, and additional funds typically become rapidly available specifically for that purpose. For administrative purposes, the funds and their monitoring will be kept separate from the sectoral programme interventions.

Resource mobilization

24. Building upon its close bilateral relations with donors, the UNICEF Somalia office has learned that well-developed proposals, submitted in a timely manner, and regular, informative reports to donors are the key components to a fund-raising strategy. The office will strengthen its ability to manage a decentralized, flexible programme through a "modular" approach to programming and fund-raising. During 1995, donors increasingly preferred to fund projects that were region-specific, and often sector-specific. The country-wide network of UNICEF offices and implementing partners allows for flexibility in meeting basic needs while responding to donor preferences.

Monitoring and evaluation

25. Project management is to be improved by the use of monitoring tools currently being developed in the Somalia office. The highly decentralized nature of operations and the lack of governmental counterparts necessitate that UNICEF Somalia maintain an audit trail, for proper accountability, of all UNICEF cash and supply assistance. The expanded database system is expected to make the current monitoring system an efficient and effective management tool. Monitoring the situation of children is being approached with other United Nations agencies as part of general social sector monitoring, in the spirit of the recent Joint Consultative Group on Policy on country assessments. To this end, UNICEF has initiated the use of the MIS. In addition, communities will be encouraged and supported in monitoring their own status with respect to key child-related indicators. Within the programme period, each of the sectoral programmes will be evaluated.

Coordination with other partners

26. UNICEF Somalia is committed to strengthening the mechanisms for coordination with partner agencies, NGOs and donors. UNICEF is an active member of the Somalia Aid Coordination Body, within which a number of sectoral committees work to standardize project performance, guidelines on programme design and implementation, and coordination in project planning. UNICEF participates actively in all committees related to the sectors it supports. UNICEF also participates in UNCT meetings to coordinate the activities of the United Nations agencies. In the absence of a national Government, UNICEF will work in collaboration with other agencies under the leadership of the United Nations resident coordinator to ensure Somalia's participation in the United Nations Special System-wide Initiative for Africa.

Programme management

27. The four UNICEF zonal offices in Somalia are supported by an administrative and logistics office in Nairobi and a small logistics base in Djibouti. With the technical advice, support and supervision of international programme officers for each sector, Somali professionals in the zonal offices manage the zonal projects. The UNICEF air operation provides an indispensable link between the zonal offices and the administrative support centre in Nairobi, both for UNICEF and for other agency staff. The UNICEF offices in the four zones have staff and guest quarters, which are also used and funded by other United Nations agency and NGO staff on an "as-needed" basis. Under the umbrella of UNCT, focal points have been appointed in each zone to ensure greater coordination and to gather and disseminate relevant information. UNICEF has been, and will continue to be in the foreseeable future, the lead agency in communications technology at the zonal level (UNICEF is the only agency with 24-hour radio operations).

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : SOMALIA
PROGRAMME : 1997-1998

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	1,000			1,000	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
WATER AND ENVIRONMENTAL SANITATION	700			700	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
NUTRITION	300			300	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
EDUCATION	440			440	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	1,318			1,318	0	0	0	2	0	0	2	2	21	.25	560.4	583.5	1,143.9
RELIEF	0			0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PLANNING AND COORDINATION	1,242			1,242	0	0	0	1	0	0	1	1	3	5	282.2	147.4	429.6
TOTAL GR	5,000			5,000	0	0	0	3	0	0	3	3	24	30	842.6	730.9	1,573.5
SUPPLEMENTARY FUNDING :																	
HEALTH		0	11,266	11,266	0	0	0	2	4	0	6	6	8	20	1,581 0	570.8	2,151.8
WATER AND ENVIRONMENTAL SANITATION		0	6,200	6,200	0	0	0	1	1	0	2	5	4	11	535.3	385.7	921.0
NUTRITION		0	3,200	3,200	0	0	0	0	0	0	0	2	0	2	0.0	109.9	109.9
EDUCATION		0	3,074	3,074	0	0	0	1	0	0	1	5	2	8	280.2	340.0	620.2
PROGRAMME SUPPORT		0	7,170	7,170	0	0	0	2	6	1	9	4	42	55	2,555.0	1,359.2	3,914.2
RELIEF		0	1,490	1,490	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PLANNING AND COORDINATION		0	2,600	2,600	0	0	0	0	1	1	2	2	2	6	465.8	201.0	666.8
TOTAL SF		0	35,000	35,000	0	0	0	6	12	2	20	24	58	102	5,417.3	2,966.6	8,383.9
TOTAL GR & SF	5,000	0	35,000	40,000	0	0	0	9	12	2	23	27	82	132	6,259.9	3,697.5	9,957.4
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			821.2													
	Staffing				0	0	1	3	0	0	4	2	8	14	1,182.2	418.9	1,601.1
GRAND TOTAL (GR+SF+ADM)					0	0	1	12	12	2	27	29	90	146	7,442.1	4,116.4	11,558.5
Number of posts and staff costs:																	
Current programme cycle											31	18	49	98			
At the end of proposed programme cycle (indicative only)											27	29	90	146	7,442.1	4,116.4	11,558.5

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.

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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT DURATION COUNTRY PROGRAMME**

Congo

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the two-year country programme of the Congo to support activities for which the country programme is in preparation. The Executive Director recommends that the Executive Board approve the amount of $2,000,000 from general resources, subject to the availability of funds, and $1,200,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 1998.

* E/ICEF/1996/18.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1995. They are contained in the "Summary of 1966 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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Basic data (1994 unless otherwise stated)

Child population (millions, 0-15 years)	1.2
U5MR (per 1,000 live births)	109
IMR (per 1,000 live births)	82
Underweight (% moderate and severe) (1987)	24
MMR (per 100,000 live births) (1990)	890
Literacy rate (% male/female) (1995)	83/67
Primary school enrolment (% net male/female)	../..
Primary school children reaching grade 5 (%)	72
Access to safe water (%) (1988)	38
Access to health services (%) (1985)	83
GNP per capita (dollars)	US$ 640

One-year-olds fully immunized against:

tuberculosis	94 per cent
diphtheria/pertussis/tetanus	79 per cent
measles	70 per cent
poliomyelitis	79 per cent

Pregnant women immunized against:

tetanus	75 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. The Congo, which has an estimated population of 2.4 million of whom 60 per cent live in urban areas, is a middle-income country by virtue of its petroleum resources; it has been going through an acute economic crisis since the 1980s in spite of the implementation of a succession of structural adjustment programmes. The country's gross national product (GNP) fell from $1,030 to $730 between 1992 and 1995 and its indebtedness, which represents 68 per cent of its gross domestic product, or $3,000 per inhabitant, remains one of the highest in the region, thus restricting investment by the State in the social sectors which are supported primarily by official development assistance. The level of its human development index is comparable to that of the least developed countries of the region.

2. Certain target diseases of the expanded programme on immunization (EPI), including neonatal tetanus, poliomyelitis and measles, have declined substantially as a result of the progress of EPI. Nevertheless the infant mortality rate (IMR) remains high (80 per 1,000 live births), in particular owing to the continued structural weakness of the primary health care system. The maternal mortality rate (MMR) is also very high (890 per 100,000 live births), among the main causes being a high fertility rate, over-frequent pregnancies, the high number of induced abortions and the inadequate management of complications during pregnancy and childbirth. With respect to nutrition, the economic crisis has resulted in an upward trend in malnutrition, particularly in urban areas. Furthermore, in the north of the country, a significant proportion of the population suffers from iodine deficiency disorders. Finally, AIDS remains a major public health problem with a cumulative incidence of some 25,000 cases and a prevalence of about 80,000 persons infected with HIV and some 20,000 orphans as a result of the pandemic.

3. Access to safe water and sanitation remains generally insufficient; the indicators (52 per cent for safe water and 40 per cent for sanitation in urban areas, and 7 per cent for safe water and 9 per cent for sanitation in rural areas) put the Congo among the lowest in the world if allowance is made for the level of GNP.

4. Primary education has both quantitative and qualitative deficiencies. The gross enrolment ratio is over 100 per cent but this is due in part to the frequency of repetition of a large number of pupils. The admission capacity also lags far behind the level of demand. Lastly, children in school have difficulty in acquiring the required standard of knowledge because of over-crowded classes, underqualified teachers and the shortage of teaching materials.

5. Numerous sociological and cultural constraints continue to marginalize women and to minimize their role in the country's development process. The activities in connection with the Congo's preparation for and participation in the International Conference on Population and Development, the World Summit for Social Development and the Fourth World Conference on Women confirmed how much remains to be done with respect to recognition of the role of women. The phenomenon of street children is also on the increase, as a result of the

combined effect of the fragmentation of families in urban environments and of increasing pauperization.

6. Coverage by the modern media, particularly in rural areas, remains limited. Furthermore, access to the national press is no more than moderate because of the continuing high cost of newspapers. This situation restricts the scope for mobilization and education through the modern media and suggests the need for more effective use of interpersonal communication.

PROGRAMME COOPERATION, 1992-1996

7. The objectives of the country programme were to contribute to the reduction of: (a) IMR from 124 to 80 per 1,000 live births; (b) MMR to 525 per 100,000 live births; (c) the prevalence of underweight among pre-school-age children from 17 per cent to 12 per cent; and (d) the proportion of low birth-weight among newborns to under 10 per cent. The mid-decade objectives were added during the implementation of the programme and are used as indicators of progress towards the objectives for the year 2000.

8. A mid-term review made at the end of 1995 shows that the health programme has contributed: (a) to the preparation and adoption of the National Health Development Plan (NHDP); (b) to the decentralization of the management of health services as part of the increase in community participation in the joint management and joint financing of the integrated health centres (IHC); (c) to bolstering the capabilities of the staff of the Ministry of Health to implement the NHDP; (d) to the revitalization of 33 IHCs covering some 23 per cent of the total population of the four target regions of the programme; (e) to the stepping up of activities to attain the intermediate objectives. Two hospitals were thus recognized as "baby-friendly hospitals". Moreover, in spite of the decline that occurred in the early 1990s, EPI coverage has again reached a satisfactory level; and (f) the reformulation of the national policy for combating diarrhoeal diseases prompted an increase in oral rehydration therapy (ORT) use from 25 per cent to 41 per cent.

9. The education programme has been instrumental in: (a) bolstering the capabilities of the planning unit at the Directorate of Studies and of School and University Planning; (b) the inauguration, on an experimental basis, of 16 primary education establishments with improved teaching conditions in terms of teaching material, curriculums, instruction and supervision; and (c) the participation of parents' associations in the joint management of those establishments.

10. The advocacy programme has facilitated: (a) the ratification of the Convention on the Rights of the Child; (b) the development of the National Action Plan (NAP) for children; and (c) the creation of an interministerial committee responsible for monitoring the implementation of the Convention. In addition, the programme for monitoring the situation of children and women provided the opportunity for setting up an analysis unit within the Ministry of Planning. That unit coordinated the implementation of a number of studies, in particular concerning early pregnancies and the prompt assessment of the vulnerability of the target groups in Brazzaville.

Lessons drawn from recent cooperation

11. The country programme was hampered by: (a) the low level of mobilization of supplementary funding; (b) the fact that the governmental services responsible for project implementation had no operating budget; (c) the difficult working conditions of the national partners which affected their motivation and availability; and (d) delays in the posting of operational staff (administrative, legal, management, environment, and so forth) in certain sectors, particularly the health sector.

12. Furthermore, the implementation of the cooperation programme was delayed by the socio-political events that took place in the country during the 1993-1994 period. This necessitated an "adaptive" approach to planning whereby opportunities could be seized while, at the same time, taking into account the prevailing crisis situation. The successes and constraints showed that in planning and implementing the programme more emphasis should be placed on the following principles: (a) national capacity-building and greater accountability of partners at the national, intermediate and peripheral levels; (b) community participation in the management of activities; (c) accelerated basic services coverage in urban areas, particularly in Brazzaville, in view of the rapidly deteriorating socio-economic situation and the high degree of urbanization; (d) accelerated integration of vertical activities (EPI, ORT) into the activities of the IHCs; (e) promotion of affordable high-quality services for those in greatest need; and (f) greater awareness of the needs, priorities and participation of women in the planning process.

RECOMMENDED PROGRAMME COOPERATION

Estimated annual expenditure

(In thousands of United States dollars)

	1997	1998	Total
General resources			
Primary health care	705	690	1 395
Basic education	133	123	256
Planning, monitoring and advocacy	27	38	65
Programme support	135	149	284
Subtotal	1 000	1 000	2 000
Supplementary funds			
Primary health care	250	245	495
Basic education	270	280	550
Planning, monitoring and advocacy	80	75	155
Subtotal	600	600	1 200
Total	1 600	1 600	3 200

Aim, objectives and strategies of the programme

13. The proposed programme is an interim programme covering a two-year period. Its objectives are in harmony with those of the Government's three-year programme for 1996-1998. In the longer term, it is part of the implementation of the Convention on the Rights of the Child and of the NAP. It is also part of the implementation of the United Nations System-wide Special Initiative on Africa and it draws on recommendations adopted at the recent economic and social summits. The option of short-term cooperation was chosen because the continuing political and social crisis of recent years made longer-term planning hazardous, and because of a desire to synchronize the programming cycles of UNICEF, the United Nations Development Programme and the United Nations Population Fund.

14. The proposed programme is an extension of the earlier cooperation programme and its purpose essentially is to increase high-quality health-care and primary education coverage in geographical convergence zones. It is also intended to develop advocacy in favour of the adoption and implementation at the national level of specific measures to implement the Convention on the Rights of the Child. The programme will attain its objectives by means of the following strategies: (a) national capacity-building achieved, inter alia, by increasing technical support for national management personnel in order to enhance their expertise; (b) decentralization of the implementation of activities; (c) empowerment of communities and, in particular, enhancement of the role of women; (d) advocacy and social mobilization; (e) emphasis on quality and efficiency in the process of extending basic services; (f) increased partnership and complementarity with other development partners in order to expedite the geographical extension of services; and (g) the quest for long-term means of increasing the mobilization of funds for the benefit of the social sectors.

Primary health care

15. The objective of the programme is to support the Government in implementing the NHDP. This objective will be achieved by means of a project - strengthening of health districts (SHD) - whose geographical coverage though limited as yet is progressively expanding, and two projects with a national coverage, EPI and the promotion of ORT. The following strategies will provide the means of attaining the objective: (a) capacity-building at all levels for the implementation of the NHDP; (b) promotion of community health; (c) strengthening of the minimum package of activities (EPI, ORT, sexually transmitted diseases-AIDS, nutrition, and so forth) and the qualitative improvement of services provided by the IHCs; and (d) progressive integration of the human, intellectual and material resources in the EPI and ORT projects into the SHD project as the latter develops.

Basic education

16. UNICEF will help the Government improve access to, and the quality of, basic education in the areas involved (nationally and the districts of Lekana-region de Plateaux, Poto Poto and Bacongo-Brazzaville) so as to: (a) increase the present net enrolment ratio by 10 per cent while reducing the disparity between boys and girls by half; (b) improving the success rate on achievement tests by 25 per cent while eliminating any disparity between boys and girls; and

(c) achieving a global repetition rate of less than 20 per cent while maintaining parity between boys and girls. The strategies for this programme include: (a) increased participation by parent-teacher associations and increased representation of women in community decision-making bodies; (b) social mobilization and training to promote grass-roots involvement in the joint management and financing of establishments; and (c) the preparation and utilization of assessment charts to measure what has been learned following the introduction of new teaching methods. The education programme will have two supplementary projects: (a) national capacity-building in respect of basic education planning in order to improve the management of the data necessary for defining and assessing basic education policies; and (b) the development of a new approach to teaching which will continue experimenting in the primary and nursery schools with the management model based on community participation and successful learning.

Planning, monitoring and advocacy

17. This programmes seeks to: (a) develop the capability of the monitoring and analysis unit of the Ministry of Planning to collect, process, analyse and disseminate statistics concerning the situation of children and women; (b) evaluate the progress and promote the implementation of the Convention on the Rights of the Child and of the Convention on the Elimination of All Forms of Discrimination against Women; and (c) strengthen approaches to community dynamics. The two projects under this programme are: (a) planning and monitoring; and (b) advocacy.

Cooperation with other agencies

18. Operational links between UNICEF and the World Health Organization, the World Bank, the European Union and the French and German cooperation services will be strengthened. Emphasis will be placed on integration and harmonization of approaches and on complementarity in the field. Consultation and cooperation with non-governmental organizations will be strengthened. An effort will be made to develop a more effective partnership network around the basic education programme.

Programme management

19. The cooperation programme is being coordinated by the Ministry of Foreign Affairs with the close technical collaboration of the Ministry of Planning and Finance. UNICEF will provide technical and operational support to the country programme.

Mobilization of funding

20. A funding strategy will be drawn up in order to mobilize the required supplementary funding. A major effort will be made to: (a) inform decision makers and partners of the programme's achievements, potential and resource requirements; (b) prepare and submit specific requests to potential donors; (c) collaborate very closely with major partners such as the World Bank, the European Union, and the French and German cooperation services; and (d) explore the possibilities for local fund-raising.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : CONGO
PROGRAMME : 1997-1998

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
PRIMARY HEALTH CARE	1,395			1,395	0	0	0	1	0	0	1	0	0	1	337.8	0.0	337.8
BASIC EDUCATION	256			256	0	0	0	0	0	0	0	1	0	1	0.0	129.9	129.9
PLANNING,MONITORING AND ADVOCACY	65			65	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	284			284	0	0	0	0	0	0	0	1	5	6	0.0	219.2	219.2
TOTAL GR	2,000			2,000	0	0	0	1	0	0	1	2	5	8	337.8	349.1	686.9
SUPPLEMENTARY FUNDING :																	
PRIMARY HEALTH CARE		0	495	495	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
BASIC EDUCATION		0	550	550	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PLANNING,MONITORING AND ADVOCACY		0	155	155	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	1,200	1,200	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL GR & SF	2,000	0	1,200	3,200	0	0	0	1	0	0	1	2	5	8	337.8	349.1	686.9
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			390.4													
	Staffing				0	0	1	1	1	0	3	2	8	13	1,013.0	706.5	1,719.5
GRAND TOTAL (GR+SF+ADM)					0	0	1	2	1	0	4	4	13	21	1,350.8	1,055.6	2,406.4
Number of posts and staff costs:																	
Current programme cycle											4	4	13	21			
At the end of proposed programme cycle (indicative only)											4	4	13	21	1,350.8	1,055.6	2,406.4

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.